

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/809248</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">10/28/04</div>						
							APPLICANT(S) <div style="font-size: 1.2em; font-family: cursive;">10/28/04</div>							
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1											
2				1										
3				1										
4				1										
5				1										
6				5										
7			1											
8				1										
9				1										
10				1										
11				1										
12				1										
13				1										
14				1										
15				1										
16				1										
17				10										
18				2										
19				2										
20			1											
21				1										
22				1										
23				1										
24				1										
25				2										
26			1											
27				1										
28				1										
29				1										
30				1										
31				1										
32				1										
33				1										
34				1										
35				1										
36				1										
37				1										
38				2										
39				2										
40				2										
41				2										
42				2										
43				1										
44				2										
45				2										
46				2										
47				2										
48				2										
49				2										
50				2										
TOTAL IND.														
TOTAL DEP.														
TOTAL CLAIMS														
51											2			
52											2			
53											2			
54											2			
55											2			
56								1						
57								1						
58								1						
59								1						
60											1			
61											2			
62											2			
63											2			
64								1						
65														
66											2			
67											1			
68											1			
69								1						
70											1			
71											1			
72											1			
73											1			
74											1			
75											1			
76														
77								1						
78														
79											3			
80											3			
81											2			
82											2			
83											3			
84											1			
85														
86														
87														
88														
89														
90														
91														
92														
93														
94														
95														
96														
97														
98														
99														
100														
TOTAL IND.											12			
TOTAL DEP.											115			
TOTAL CLAIMS											127			